Mystery Shopper Evaluation

How to fill this in

You are evaluating this location as an anonymous customer. Complete this form immediately after leaving the store, while every detail is fresh. Fill the checkboxes completely using a blue or black pen and write clearly in the comment areas. Do not fill in this form inside the store.

VISIT DETAILS

Store location or branch name

Visit date

☐☐ / ☐☐
D D M M

Arrival time (24-hour clock)

☐☐ : ☐☐
H H M M

Departure time (24-hour clock)

☐☐ : ☐☐
H H M M

To respond ⊗ or ●

EXTERIOR AND ENTRY

Assess the outside of the store and your first steps inside. Mark one answer per row.

Please cross one in each line	*Yes*	*No*
The exterior signage was clean and in good repair	○	○
The entrance and walkway were free of litter	○	○
Windows and glass doors were clean	○	○
Promotional displays at the entrance looked current	○	○
Opening hours were clearly posted and accurate	○	○
Shopping baskets or carts were available near the entrance	○	○

What was your overall first impression within the first minute of entering?

Very poor ○ ○ ○ ○ ○ Excellent

To respond ⊗ or ●

DRFT 0002

STAFF INTERACTION

Rate your agreement with each statement about the staff you encountered.

Please cross one in each line

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
I was greeted or acknowledged shortly after entering	◯	◯	◯	◯	◯
Staff appeared well groomed and wore correct uniforms or name badges	◯	◯	◯	◯	◯
The employee gave me their full attention	◯	◯	◯	◯	◯
The employee asked questions to understand what I needed	◯	◯	◯	◯	◯
The employee was knowledgeable about products and services	◯	◯	◯	◯	◯
The employee suggested additional or alternative items	◯	◯	◯	◯	◯
Staff remained courteous and professional throughout	◯	◯	◯	◯	◯
I felt like a valued customer during the interaction	◯	◯	◯	◯	◯

How quickly were you greeted after entering the store? *(Please cross one)*

- ◯ Within 30 seconds
- ◯ Within 1 minute
- ◯ Within 3 minutes
- ◯ More than 3 minutes
- ◯ I was never greeted

Name or description of the employee who served you (from the name badge if visible)

PRODUCT AND PRESENTATION

Rate how well the store met each presentation standard during your visit.

Please cross one in each line	*Poor*	*Fair*	*Good*	*Excellent*
Shelves were fully stocked and neatly faced	◯	◯	◯	◯
Products were clearly priced and labeled	◯	◯	◯	◯
Aisles were tidy and free of obstructions	◯	◯	◯	◯
Promotional signage matched the products on display	◯	◯	◯	◯
Display areas were clean and free of dust	◯	◯	◯	◯
The store layout made products easy to find	◯	◯	◯	◯

Were you able to find the specific product you were asked to check? *(Please cross one)*

- ◯ Yes, it was in stock
- ◯ No, it was out of stock
- ◯ No, staff could not locate it
- ◯ I was not asked to check a specific product

To respond ⊗ or ●

DRFT 0004

CHECKOUT EXPERIENCE

Rate your agreement with each statement about the checkout process.

Please cross one in each line

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
The checkout area was clean and organized	◯	◯	◯	◯	◯
Enough registers were open for the number of customers waiting	◯	◯	◯	◯	◯
The cashier greeted me and made eye contact	◯	◯	◯	◯	◯
My transaction was handled accurately and efficiently	◯	◯	◯	◯	◯
I was thanked and invited to return	◯	◯	◯	◯	◯

How long did you wait in line before being served at checkout? *(Please cross one)*

- ◯ No wait
- ◯ Under 2 minutes
- ◯ 2 to 5 minutes
- ◯ 5 to 10 minutes
- ◯ More than 10 minutes

Which payment options were clearly available at checkout? Mark all that apply. *(Please cross all that apply)*

- ☐ Cash
- ☐ Credit or debit card
- ☐ Contactless or mobile wallet
- ☐ Gift card or store credit
- ☐ Self-checkout kiosk

To respond ⊗ or ●

OVERALL ASSESSMENT

Based on this visit, how likely would you be to recommend this store to a friend or colleague?

Not at all likely ◯ ◯ ◯ ◯ ◯ ◯ ◯ ◯ ◯ ◯ ◯ Extremely likely

Overall, how would you rate this visit as a paying customer?

Very poor ◯ ◯ ◯ ◯ ◯ Excellent

What was the single best moment of your visit? Be specific about what happened and who was involved.

What most needs improvement, and why? Describe exactly what you observed.

Based on this visit alone, would you return as a genuine customer? *(Please cross one)*

- ◯ Yes, definitely
- ◯ Yes, probably
- ◯ Not sure
- ◯ No, probably not
- ◯ No, definitely not

Thank you for completing this evaluation. Please review every section for completeness and return the form to your program coordinator within 24 hours of the visit.

To respond ⊗ or ●

DRFT 0006